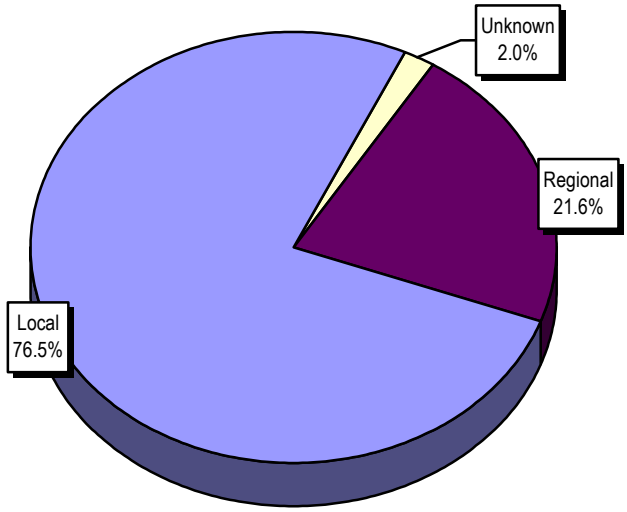
Thyroid

Incidence and Mortality Summary

	Male	Female	Total
Age-adjusted incidence rate per 100,000	6.2	9.1	7.7
Total # of new cases	18	33	51
# of new invasive cases	18	32	50
# of new in-situ cases	0	0	0
# of deaths	3	2	5

Stage at Diagnosis



Total Cases and Deaths by Ward

Ward 1	5	0
Ward 2	15	0
Ward 3	11	1
Ward 4	8	0
Ward 5	2	2
Ward 6	3	1
Ward 7	2	1
Ward 8	1	0
Unknown	4	-

Risk and Associated Factors

Age	Though relatively unusual, it is still one of the most common malignancies affecting adolescents and adults up to 50 years of age.
Gender	Two-thirds of cases are among females.
Race & SES*	The incidence is higher in Caucasians and upper income groups.
Genetics	Increased rates are found in persons with Gardener=s syndrome (familial colonic polyposis)
Other	Occupational and environmental exposures to ionizing radiation have been associated with higher rates of thyroid cancer. Radiation exposure to the head and neck in childhood is a well known risk factor. Family history of thyroid cancer substantially increases the risk. Death due to thyroid cancer under age 40 is rare. Prognosis worsens with each decade of age over 50.

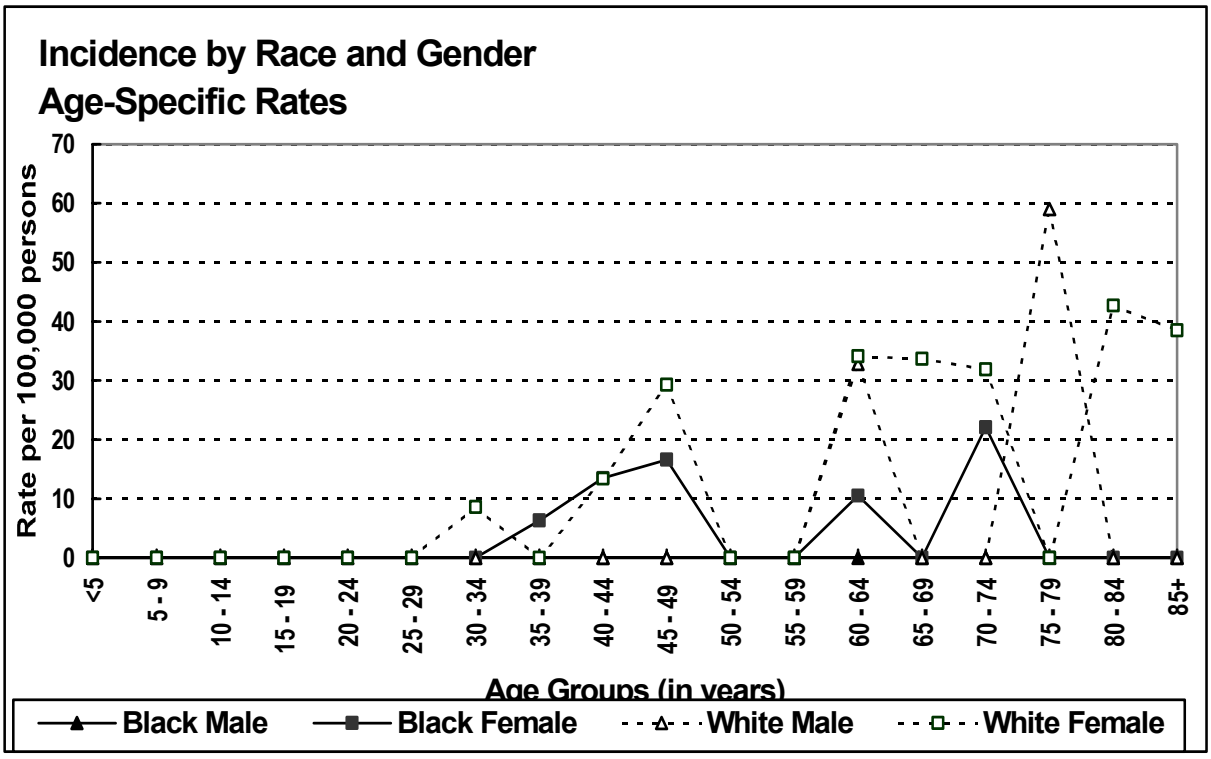
Special Notes

95% confidence interval on the age-adjusted total incidence rate: 7.7 (5.5 - 9.8)
Mean age-adjusted incidence rate across wards: 6.9
Median age-adjusted incidence rate of wards: 4.1
Range of age-adjusted incidence rates for wards: 15.3 (1.7 Ward 8 < 17.0 Ward 2)

No cases of thyroid cancer were diagnosed in persons less than 20 years of age. The age-adjusted incidence rates of thyroid cancer were higher for females than males, and for white females in particular. For females the age specific rates of thyroid cancer demonstrated a bimodal pattern peaking at 30-34, and again from 60-69.

**Socio-economic Status*

Fig. 94: Age-Specific Incidence and Mortality Rates by Race and Gender Thyroid Cancer



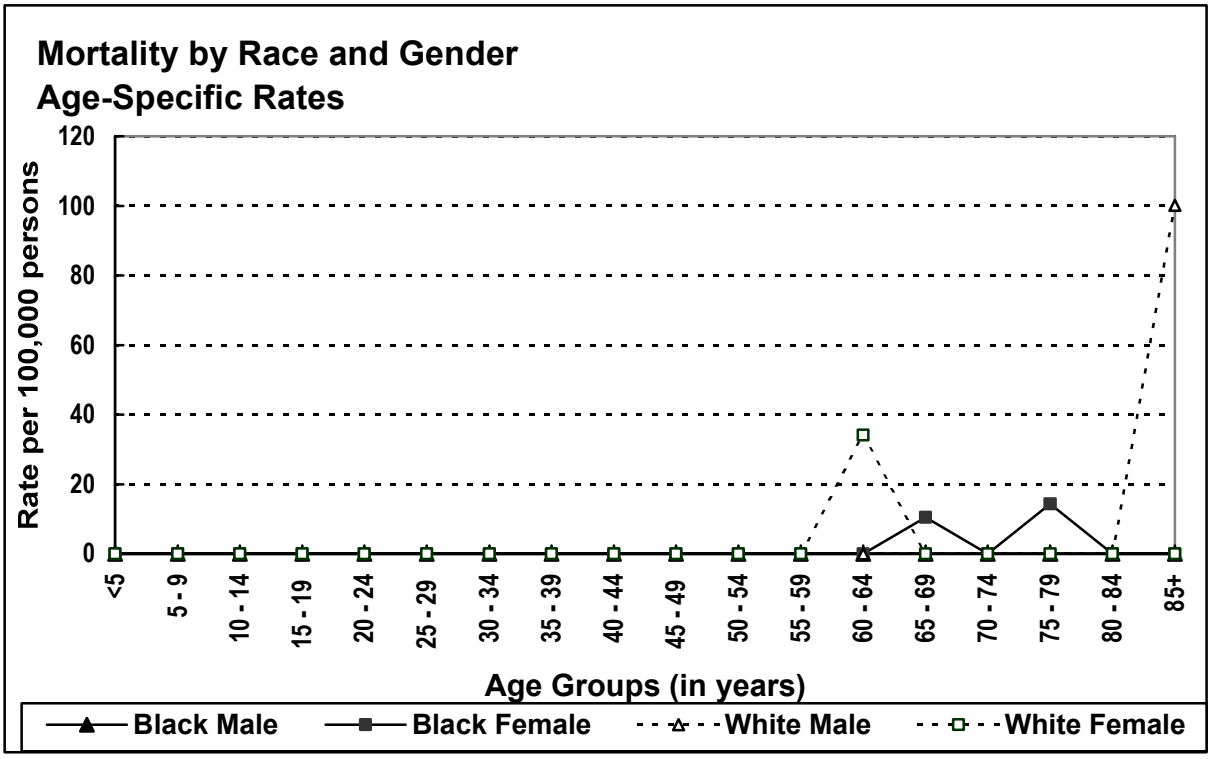
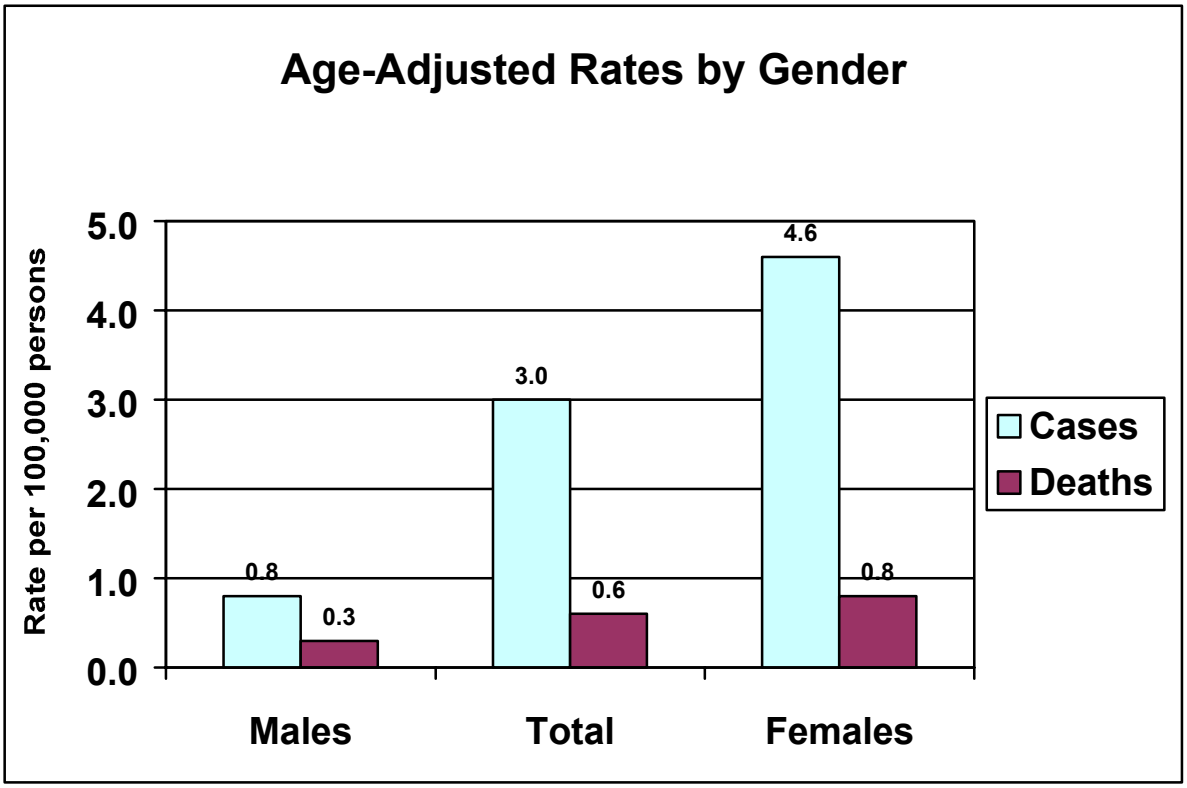


Fig. 95: 1996 Age-Adjusted Incidence and Mortality Rates for the District of Columbia – Thyroid Cancer



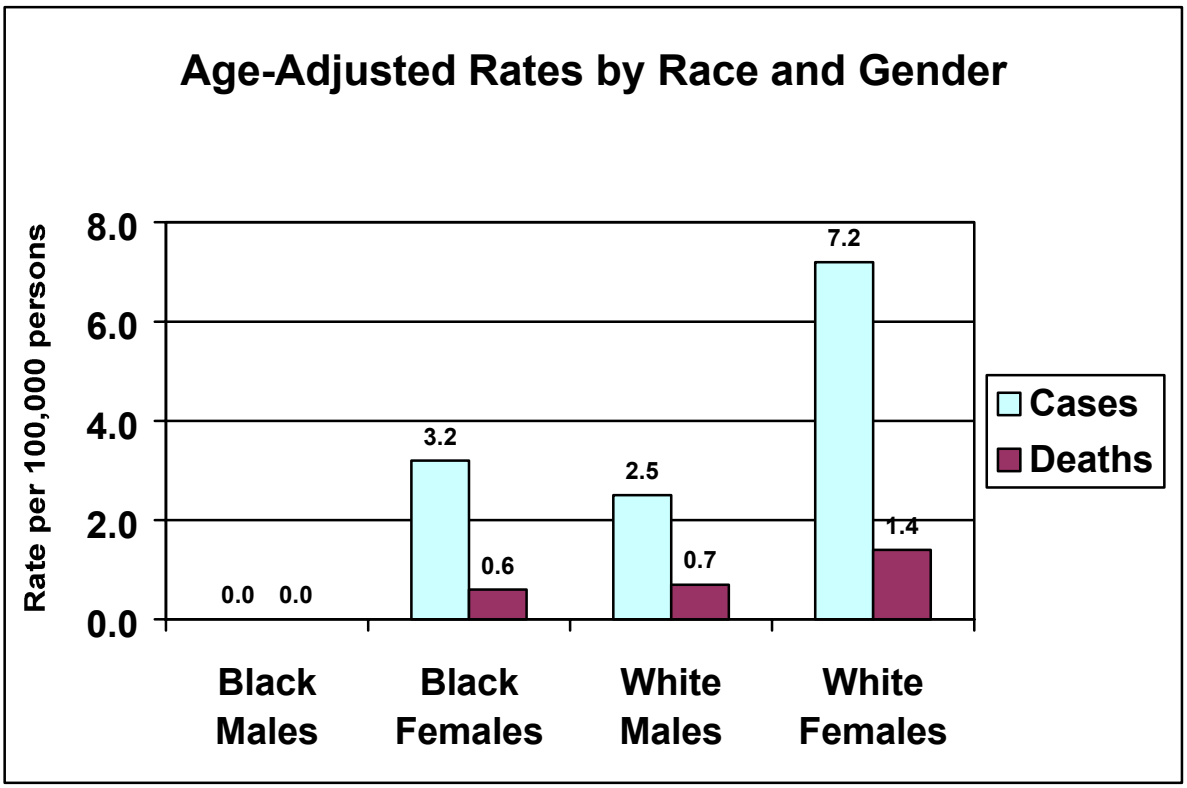
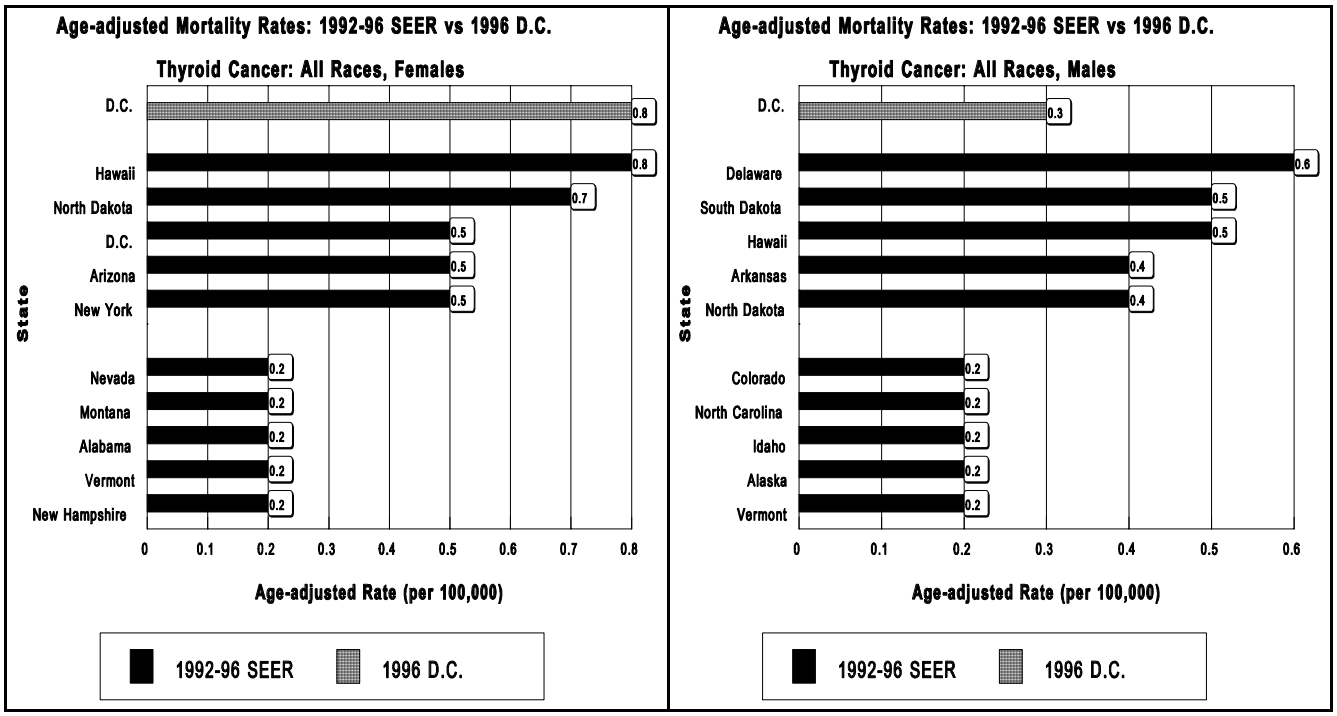


Figure 96: Comparison of the 1996 D.C. Cancer Incidence and Mortality Rates With the Highest 5 and Lowest 5 SEER (1992-96) Mortality and NAACCR (1991-95) ‡ Cancer Incidence Rates



‡ **Data on D.C. between 1991-1995 were not available to NAACCR for publication in April 1999.**